

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	6	↓	↓	↓	↓	↓
TOTAL	8	↓	↓	↓	↓	↓

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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96						
97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL	22	↓	↓	↓	↓	↓